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Heart Failure and Cardiomyopathies

OUTCOME OF SEPTAL ALCOHOL ABLATION IN PATIENTS WITH HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY COMPLICATED BY SEVERE SEPTAL HYPERTROPHY AND ATRIAL FIBRILLATION

Poster Contributions
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Background: The influence of atrial fibrillation (AF) and septum thickness (IVSd) on the outcome of septal alcohol ablation (SAA) in patients with left ventricular outflow tract gradient (LVOTG) has not been reported.

Methods and Results: We evaluated a five-centre SAA-cohort (n=652, follow up of 7.1±4 years) stratified by baseline IVSd (20±4mm) and AF (16%). Patients with AF were 59±12 years old compared to 55±14 years (p=0.04) in the other patients, but there were no differences in IVSd, syncope or LVOTG at rest or during Valsalva There were no associations between survival and AF or IVSd, respectively. Patients with both AF and IVSd>20 mm at baseline (n=35) had reduced 10-year survival (75±8%) compared to the other patients (90±2% log-rank p=0.03) (Fig). This subgroup had similar LVOTG at rest (67±27 mmHg; p=0.4) and during Valsalva (129±54 mmHg; p=0.09) compared to the other patients, and a similar reduction of resting and Valsalva-induced LVOTGs (48±22 mmHg; p=0.6 and 87±47 mmHg; p=0.2) 0.7±0.7 years after SAA. Patients with AF and IVSd>20 mm had more symptoms (20% vs 3 % in NYHA class IV p<0.0001), and SAA induced a similar change in NYHA class in the two groups leaving 21% and 10% in NYHA class III, respectively (p=0.1). We found no differences in syncope between the subgroup and the other patients (before 37% vs 24% p=0.1; after 3% vs.2% p=0.8).

Conclusion: In patients with AF and IVSd>20mm the survival after SAA is reduced, but the effects of SAA on LVOTG and symptoms are comparable to the effects in other subgroups.